The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XV APRIL, 1959 NO. 4

MERCY HOSPITAL (Wing)

(See Page 18.)

ANNUAL MEETING — APRIL 28

(See Page 4.)

MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

Hampden District Medical Society

Founded 1840

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Vice President . . . . . John A. Burke, M. D.
Secretary . . . . . Harry N. Memery, M. D.
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Harry N. Memery, M. D.	*ex-officio*	Howard B. Brown, M. D.
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Azel P. Barney, M. D.	1960	Eugene W. Beauchamp, M. D.
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Woman's Auxiliary . . . . . Azel P. Barney, M. D.
Public Health . . . . . Norman A. Pokorny, M. D.
Insurance, Labor Relations and Industrial Accidents
Eugene W. Beauchamp, M. D.
Malpractice and Medico-Legal Affairs . . . . Wayne C. Barnes, M. D.
Nominating . . . . . Edward P. Bagg, M. D.

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Blue Shield District Professional Service . . . . M. Gene Black, M. D.
Emergency Medical Service . . . . . Peter Zarecki, M. D.
Health and Accident Insurance . . . . . William J. Cosgriff, M. D.
Mental Health . . . . . Olive A. Cooper, M. D.
Rehabilitation . . . . . Joseph P. Derby, M. D.
Representatives on Community Council
Allen S. Johnson, M. D. and Thomas F. Reilly, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, APRIL, 1959

EDITORIAL

THE OLD FASHION WAY

Scientific progress has made it possible for more people to live longer, but with this development of science have come disease problems with serious socio-economic overtones. Today, people are dying at an older age from diseases that do not kill in a very short time but disable for relatively long periods. In Springfield, in 1958, there were 1,565 deaths. Of these, 85% were amongst those 50 years of age and above, 72% were 60 and above, 49% were 70 and above. 42% died of heart disease, 15% of cancer, and 16% of various diseases of the circulatory system. Therefore, one can say that chronic diseases, particularly those of the heart, the circulatory system, as well as cancer, and mental disease are and will continue to be our greatest health problems.

Moreover, our major health problems are no longer just simple medical problems but ones that entail many facets of our social and economic life. As such, they must be tackled from a medical, social, and economic viewpoint.

Today, the majority of care is rendered by the family along the cultural patterns of family responsibility. However, there is a strong tendency toward the assumption of responsibility by the state. Basically, the latter alternative of massive institutionalization under aegis of the state is scientifically unsound, economically wasteful, and morally unjust. To foster dependency in any chronic illness is to foster physical and mental deterioration. An ever descending vicious cycle can be created. Permanent institutionalization must be avoided and deferred until such time as there is irreversible evidence of degeneration and inability to function in open society. Intermittent short institutionalization in an acute general hospital or a prolonged stay in a chronic

disease hospital coupled with assistance from a comprehensive home care program upon discharge from either is a most salutary solution to the chronic disease problem.

There is ever mounting evidence that the aged and the chronically ill do much better in a familiar environment surrounded by people and things they know and love. Poor health is aggravated by loneliness and by the feeling of being unwanted and unloved. Too often, the aged and chronically ill are squeezed into institutions only to go steadily downhill in an accelerated fashion. Therefore, it is our contention that the solution of the chronic illness problem lies on the family level and not in a massive public institution program.

Families faced with difficult situations are willing for the most part to adjust and to offer great sacrifices for loved ones, but they cannot be expected to originate a system of nursing, diet, occupational therapy, physical therapy, and housekeeping practices. The family needs home care services properly oriented and organized by health agencies. Organized medicine must assume leadership in developing a practical comprehensive home-care program and using the community's medical auxiliary resources to the fullest, if we are ever to solve this ever-increasing problem of aging and chronic illness on the level of the family unit and family responsibility. Ayres

ANNUAL REPORT
of the
EXECUTIVE COMMITTEE
(1958 - 1959)

The Executive Committee met once each month during the year, and held one special meeting to consider urgent society business. Important decisions on policy are made by this committee and the society may be thankful it is served by faithful, interested physicians. Proceedings of the meetings are published monthly in the Hippocrat in order that the membership may be kept fully informed on all matters of policy.

The Grievance Committee was called upon to process six complaints. There were three complaints involving ethics, two involving the Publicity Code, and one was a misunderstanding in regards insurance payments. In three cases the committee found for the physician and in three cases for the complainant, two of the latter cases were referred to the Committee on Ethics and Discipline.

Harry N. Memery, M. D.
Secretary

COMING EVENTS

Annual Meeting (District) April 28.

Council Meeting (Boston) May 18.

MMS Annual Meeting, May 19, 20 and 21.

AMA Convention, June 8 - 12, Atlantic City.

American College of Physicians, April 20 - 24, Chicago.

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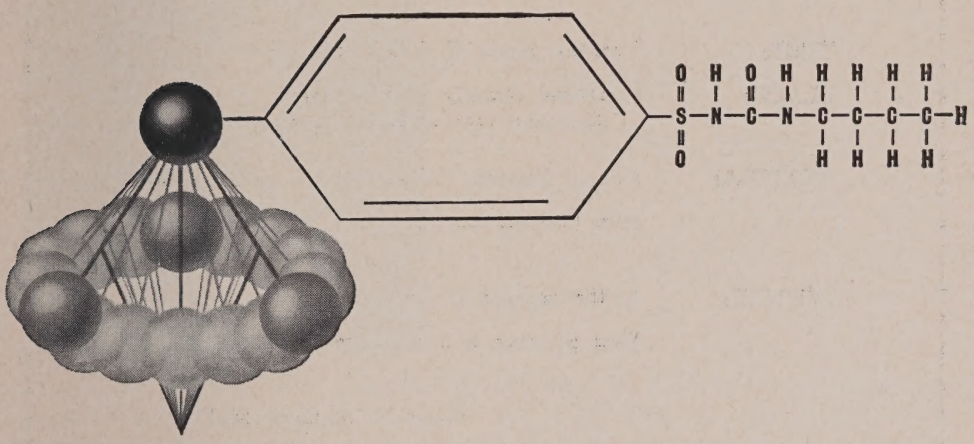

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ANNUAL MEETING

TIME: Tuesday, April 28, 6:30 P. M.

PLACE: Crestview Country Club, Agawam.
(Shoemaker Lane, off Suffield Street)

AGENDA: Annual Reports, Election of Officers, and any other business that may come before the Society.

DINNER: At the expense of the Society.

Your presence is urgently requested.

Harry N. Memery, M. D.,
Secretary

ANNUAL REPORTS

The President's Annual Report appears on page 5. Nine additional Annual Reports from Hampden District officers and committee chairmen appear elsewhere in this issue. They are all informational in character. Reports bearing 'recommendations' will be presented, as usual, at the Annual Meeting (April 28).

Chairmen presenting committee reports at the Annual Meeting are requested to submit a copy to the Hippocrat.

Editor

President's Page

Annual Report
1958-1959

If the outgoing administration is deserving of any credit, it belongs not to its retiring president but rather to his fellow officers and committees. It belongs also to his predecessors, who during the last few years have done so much to make Hampden one of the most active components of the Massachusetts Medical Society.

Early in the year the Society voted to devote its meetings exclusively to business, and to a consideration of medico-socio-economic problems. As a result we have had no guest speakers and no clinical programs. This innovation, which is in keeping with the national trend, apparently proved successful. Attendance and participation on the part of our membership have been generally speaking quite satisfactory.

All our committees served loyally and industriously, and for this I am very grateful, to say the least. I am particularly grateful to the Blue Shield District Professional Service Committee for its comprehensive report presented at the December Meeting; to the Committee on Insurance, Labor Relations and Industrial Accidents for its Special Meeting of January 20th, and to the Public Relations Committee for its excellent TV series on WHYN. A special Oscar goes to Dr. Harry Memery, who, in his first year as Secretary proved himself capable, dependable, and in fact indispensable.

Of the many problems confronting us I am convinced that the two most important ones are: (1) The indoctrination of our younger Fellows in the principles and ethics of organized medicine, and (2) The wider participation of all members in the affairs of our Society. By solidifying our thinking and action we are bound to succeed in safeguarding the high quality of American Medicine and the good health of the American people.

For the privilege of serving my fellow members and the Hampden District Medical Society I am sincerely grateful.

Thomas F. Reilly, M. D.

AUXILIARY DOINGS

The Annual Meeting of the Auxiliary will be held at Crestview Country Club on April 14th, 12:30 P. M. Mrs. Arthur Gramse will be installed as President for 1959-60, and the election of other officers to serve with her will take place. President Thomas F. Reilly will extend greetings from the Medical Society. Mrs. Bancroft C. Wheeler of Worcester, President of the Woman's Auxiliary to the Massachusetts Medical Society, will also attend the luncheon.

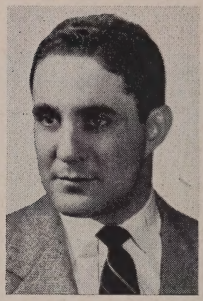
* * * *

March 30th was again named Doctor's Day by proclamation by Governor Foster Furculo and, locally by Mayor Thomas O'Connor and Mayor Samuel Resnic, as a public tribute to the dedicated service of the medical profession. (See page 11.) This custom originated in Missouri in 1949 and is now observed in many states. As a salute to the physicians of this area, the Auxiliary has made a contribution of $30.00 to the A.M.E.F. in the name of the Hampden District Medical Society.

* * * *

A total of 225 high school students attended the "Highlights of Health Careers" tours arranged at the Holyoke, Mercy and Providence Hospitals by Mrs. Edward Halton and Mrs. Azel Barney. Arrangements for hospitality at the three hospitals were made by Mrs. Walter Carver, Mrs. H. Paul Wakefield, Mrs. William F. Donohue, Mrs. Ellsworth Twible, Mrs. Edward McHugh and Mrs. Adolph J. Franz, Jr. Mrs. E. F. Franseen

NEW MEMBER



Leonard H. Plotkin, M. D.

Born: October 16, 1923
Home: 65 Mercury Court, West Springfield
Office: 38 Chestnut Street, Springfield
Medical School: Tufts University
Internship: Massachusetts General Hospital
Residencies:
Massachusetts General Hospital
Children's Medical Center, Boston.
Specialty: Pediatrics

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ANNUAL REPORT
of the
LEGISLATIVE COMMITTEE
(1958 - 1959)

Many bills pending before the Legislature were discussed and acted upon at the January 19th meeting of the Committee on State Legislation.

The following bills are of importance and are mentioned in this report along with the action taken by the Committee.

1. S-320. The Chiropractic bill pertaining to the establishing of a Board of Chiropractor has been passed by both the Senate and the House.

2. H-450 and H-1027 pertaining to the erection of a Medical and Dental School to be affiliated with the University of Massachusetts was opposed.

3. H-2127 clarifying the provisions of the enforcement of the harmful drug law permitting Police Officers and District Attorneys to enforce the act, was approved by the majority of the Committee but was opposed by your Councilor. Since this proposed bill changes the present law, the Department of Public Health is opposing this legislative proposal. Your local Committee has recommended specific changes in the wording of the law.

There has not been any bill introduced regarding the changing of the status of the Holyoke Soldiers Home.

On the National level, the Forand Bill, HR-4700, has been introduced. This is a comprehensive bill for Hospital-Surgical Services for the aged which would be a serious threat to private medical practice.

The Keough-Simpson bill — the Social Security bill for doctors — was favorably approved by the House Ways and Means Committee and early action is anticipated. This is the same bill that passed the House last year but died in the Senate.

Your Committee would like to point out that the recommendations of the Massachusetts Medical Society State Legislative Committee are more often than not given careful consideration by the legislative bodies so that it is extremely important that this Committee be ever vigilant in its duties.

Theodore R. Miner, M. D.,
Chairman

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2. In elderly patients, initial dose 250 mg. (1 tablet) daily.
3. CONTROL PERIOD

(a) If blood sugar reaches normal levels after three to seven days, or if glycosuria disappears, lower daily dose of 500 mg. to a level between 250 mg. (1 tablet) and 375 mg. (1½ tablets of 250 mg.) with breakfast daily. In elderly patients, dosage may be reduced to as low as 100 mg.

(b) If hyperglycemia or glycosuria persists or develops, increase the daily dose from 500 mg. to 625 mg. (2½ tablets of 250 mg.) with breakfast daily. In elderly patients, dosage should be increased from 250 mg. according to patient response.

(c) Continue weekly adjustments during first month of therapy until maintenance dose has been established. Adjustments below 250 mg. daily are best made in steps of 100 mg. (one 100 mg. tablet). The maintenance dose may occasionally be as low as 100 mg. (one 100 mg. tablet daily) or, rarely, as high as 1.0 Gm. (four 250 mg. tablets) daily. Do not exceed daily dose of 1.0 Gm.

Transfer of Patient from Insulin

1. If patient is taking 40 or less units of insulin daily and gives no history of severe or "brittle" diabetic response, discontinue insulin and replace with DIABINESE as in The New Patient.
2. Complete control period as for The New Patient. Priming ("loading") doses should not be used.
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Transfer of Patient from Other Oral Medication

Where less than satisfactory control has been achieved with other oral medication, or where a change to once-a-day dosage is desired, DIABINESE may be successfully substituted. Such a transfer may be made by discontinuing previous oral medication, substituting DIABINESE, and continuing control period as for The New Patient. Avoid priming doses.

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CORRESPONDENCE

Regimentation Plus

Dear Hippocrat:

Two bills were introduced recently in the State Legislature which illustrates again how anxious our politicians are to impose their control over the doctor, the hospital and the public pocketbook.

Bill number one would require doctors to register with local Boards of Health for emergency service once a month for a 24-hour period. Physicians, according to this bill, would be responsible to a lay political board.

(Comment: It would seem that politicians prefer regimentation to the voluntary system, even if the latter works satisfactorily, as it has in our own area. It would also seem that they are most anxious to obtain control over yet another phase of the practice of medicine.)

Bill number 2 provides that "There shall be at least one doctor, who has been properly registered and qualified in accordance with the General Laws, in attendance at all times, in all hospitals.

(Comment: This might place but a small burden on the larger hospitals with their staffs of residents and interns, but would create an impossible situation and an intolerable expense to the many smaller hospitals in the Commonwealth. To cover the 24-hour requirement all hospitals would have to hire not one but 3 or perhaps even 4 doctors. Needless to say, it is an ailing public that would ultimately have to foot the bill.)

Ralph T. Miller, M. D.

Rural Health Conference

Dear Hippocrat:

Members of the Hampden District Medical Society are cordially invited to attend the fourth New England Conference on Rural Health which is to be held at the University of Massachusetts in Amherst, Massachusetts on April 22, 1959. The Conference is to begin with registration from 9:00 to 9:30 A. M. The session will really begin at 9:30 A. M. and continue until 4:00 P. M. with time off for luncheon.

The program this year is made up entirely from subjects requested by those in attendance last year. There are to be four main subjects: (1) The Early Recognition of Emotional Disturbances in Children; (2) Accidental Injuries, their Cause and Prevention; (3) Rehabilitation of the Hospitalized Mentally Ill; and (4) Care of Older People. You may also expect that there will be ample time for discussion of these subjects so that you may ask the speakers any questions which may occur to you, or make any statements or suggestions you wish.

This invitation is being sent to you so that you will extend it to others whom you know have any interest in rural health. We are particularly anxious that each car coming to the Conference will bring with it a full load and that you will use this as a promotion for the Conference. We hope that you will make an effort to interest your organization leaders and anyone interested in better health for New England and their communities. We have prepared an excellent program with good speakers and hope that we have the attendance the Conference deserves.

Norman H. Gardner, M. D.
Regional Director, AMA.

A PROCLAMATION

WHEREAS, our physicians, by virtue of years of concentrated preparation and endless study, dedicate their lives to humanity—in caring for sick, restoring health, and prolonging life, and

WHEREAS, whether during their daily rounds in community life, or in institutions, hospitals, and clinics, they have added to the happiness, productivity, and dignity of our citizens, and

WHEREAS, by their insistence on high standards of medical care, practice, teaching, and research, the physicians of our Commonwealth have helped make our State the medical center of the world, and

WHEREAS, by selfless devotion in areas of treatment or fields of tedious research, through their wisdom and knowledge backed by training and skill, they have helped make our nation the healthiest in the world, and

WHEREAS, the medical wonders that have been achieved and stand yet to come, on behalf of mankind, will owe in large measure to the physician and to his tenacity in seeking to improve the well-being of all;

NOW, THEREFORE, I, SAMUEL RESNIC, MAYOR OF THE CITY OF HOLYOKE, MASSACHUSETTS, do hereby proclaim March 30, 1959 as

DOCTOR'S DAY

and urge all to take proper cognizance of this observance and to extend to physicians wherever possible the appreciation of a grateful citizenry.

GIVEN at the Mayor's Office in Holyoke this twentieth day of March in the year of our Lord one thousand nine hundred and fifty-nine.

By His Honor the Mayor

SAMUEL RESNIC

(A similar proclamation was issued by Mayor Thomas O'Connor of Springfield.

Ed.)

COMPLIMENTS

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ANNUAL REPORT
PUBLIC RELATIONS COMMITTEE
(1958 - 1959)

The Public Relations Committee has had an active year. There were three meetings held in Boston at which time all Public Relations Chairmen of the County Medical Societies met to discuss problems that came up on a State level.

On the local level the usual newspaper incidents were taken care of as matters presented themselves.

This year for the first time a television series entitled "Your Doctor Speaks", is currently being presented at weekly intervals.

The committee is extremely grateful to our Auxiliary for distributing posters publicizing the TV series. These posters were placed on Springfield and Holyoke busses, in drug stores, food markets and in most of the physicians' reception rooms.

March 11 YOUR EYES
Dr. George B. Corcoran, Jr.
Dr. Benjamin Alpert

March 18 ALCOHOLISM
Dr. Jerome A. Whitney
Dr. Morris V. Borenstein

March 25 AMBULATORY CARE OF ARTHRITIS
Dr. Warren D. Platt
Dr. Robert N. LaMarche

April 1 WHAT A FEW DROPS OF YOUR BLOOD WILL TELL
Dr. William Kaufman
Dr. William N. Davis

Standing: Drs. Howard N. Simpson, John C. Ayres, Jerome A. Whitney, William Kaufman, Henry Burkhardt, Michael Green, Robert N. LaMarche, H. H. Shuman, George B. Corcoran, Jr., George A. Vassos, Jr. and Morris V. Borenstein. Seated: Drs. Warren D. Platt, William M. Davis, Donald G. Wetherbee, Richard J. Maher, Benjamin Alport, William B. Coen, Samuel F. Potsubay, Samuel Klibanoff and Peter Karpovich.

April 8 EXERCISE & YOUR HEART
Dr. William B. Coen
Dr. Samuel F. Potsubay

April 15 HOME ACCIDENTS AND YOUR CHILD
Dr. H. H. Shuman
Dr. Henry Burkhardt

April 22 DISASTERS IN YOUR COMMUNITY
Dr. John C. Ayres
Dr. Charles A. Diamond
Dr. George A. Vassos, Jr.

April 29 AFTER 65 PLUS
Dr. Howard N. Simpson
Dr. Samuel Klibanoff

May 6 HEADACHES
Dr. Donald G. Wetherbee
Dr. Michael Green

May 13 PHYSICAL FITNESS
Dr. Richard J. Maher
Dr. Peter Karpovich

The Science Fairs are again being sponsored by the Hampden District Medical Society. The exhibits are to be judged by members of the District Medical Society. First and second prizes of $15 and $10 respectively are to be awarded. Certificates are to be given to the winners also. Following is a list of schools where Science Fairs are being held.

Cathedral	Precious Blood, Holyoke
Chicopee	Sacred Heart, Holyoke
Classical	Sacred Heart, Springfield
Commerce	St. Mary's, Westfield
Holyoke	Technical
Longmeadow	Ware
Palmer	West Springfield

It is the intention of the Committee to sponsor another Indoctrination Meeting, as has been done in the past two years. This is to acquaint new members of the Society with policies and customs in the community as regards medical practice.

To the members of the Society who are participating in the television series and the Science Fairs I want to express for the Committee and for the Hampden District Medical Society our most sincere appreciation for making these programs successful.

Joseph M. Baker, M. D.
Chairman

O. J. Menard, M. D.
Co-chairman

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IN MEMORIAM
BARRON D. KNOX, M. D.
1911 - 1959

Doctor Barron D. Knox of Springfield and East Longmeadow, died suddenly at his home on March 12, 1959.

Doctor Knox was born in Taunton, Massachusetts on July 12, 1911. He attended Springfield and Holyoke schools and Phillips Exeter Academy. He graduated from Yale University and Tufts Medical School. After interning at the Bellevue Hospital, New York, he entered the Army Medical Corps in 1941 and served until the end of World War II, whereupon he went into private practice in Springfield.

Doctor Knox was a urologist on the staffs of the Springfield Hospital, the Wesson Memorial Hospital, the Noble Hospital, Westfield, the Cooley Dickinson Hospital, Northampton, the Wing Memorial Hospital, Palmer, the Mary Lane Hospital, Ware, and the Holyoke Hospital. He was a diplomate of the American Board of Urology, and a member of the American Urological Society, the American College of Surgeons, the American Medical Association, the Massachusetts Medical Society, and the Hampden District Medical Society. He served as Councilor and as an alternate member of the Committee on Nominations.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

ANNUAL REPORT
of the
MEDICAL ADVISORY COMMITTE
(1958 - 1959)

No medical recruitment problems presented themselves during the year just past. Because of this no meetings were held, and no action was otherwise taken.

Noah N. Feldman, M. D.
Chairman

QUOTE OF THE MONTH

"The future of the United States, to an extraordinary degree, is in the hands of those who probe the mysteries of the atom, the cell, and the stars."

Dr. James R. Killian, Jr., President Eisenhower's science adviser.

IT IS INTERESTING TO NOTE:

That 7 nations lead the U.S. in M.D.'s per 100,000 people (The nations are: Israel, U.S.S.R., Austria, Western Germany, Switzerland, Czechoslovakia and Italy).

That 7% of M.D.'s are tied to the Military.

That the proportion of foreign medical students in the U.S. more than doubled in the last decade.

That those with fewest headaches are—physicians. (From New Medical Materia).

That both the number and the quality of medical school applicants are declining (Dr. J. A. D. Cooper, Asst. Dean, Northwestern University Medical School).

PUBLIC HEALTH COMMITTEE

Annual Report
(1958 - 1959)

Two meetings of the liaison representing the Society, Health Department, and School Department were held, one in Spring 1958 and one in Fall 1958. The one action taken was brought up before the December meeting of the Society, and has already been reported.

Two meetings of the Committee were held, one in Spring and one in Fall, 1958. All members were present. All matters discussed, other than the item noted above, were of an informational nature, and should lead ultimately to a greater understanding and closer harmony, both in aims and efforts, among the Hampden District Medical Society, the Public Health Department and the School Department.

Norman A. Pokorny, M. D.
Chairman

ACADEMY

April Meeting

At the April 14 meeting of the Springfield Academy of Medicine the speaker will be Charles M. Samet, M. D., Assistant in Medicine, Tufts University School of Medicine and Research Fellow in Infectious Diseases, New England Medical Center, Boston. His topic will be "Newer Infections and Antibotics". The clinical conference in the afternoon, dealing with "Hospital-borne Infections", will be at the Mercy Hospital, 5 p. m.

May Meeting

On May 12 the Annual Meeting of the Academy will be held. In addition to committee reports and election of officers, Grand Rounds #7, sponsored by the Upjohn Company, will be presented. This is a sound movie entitled "Current Therapy of Diabetes". It will be its first showing in this area.

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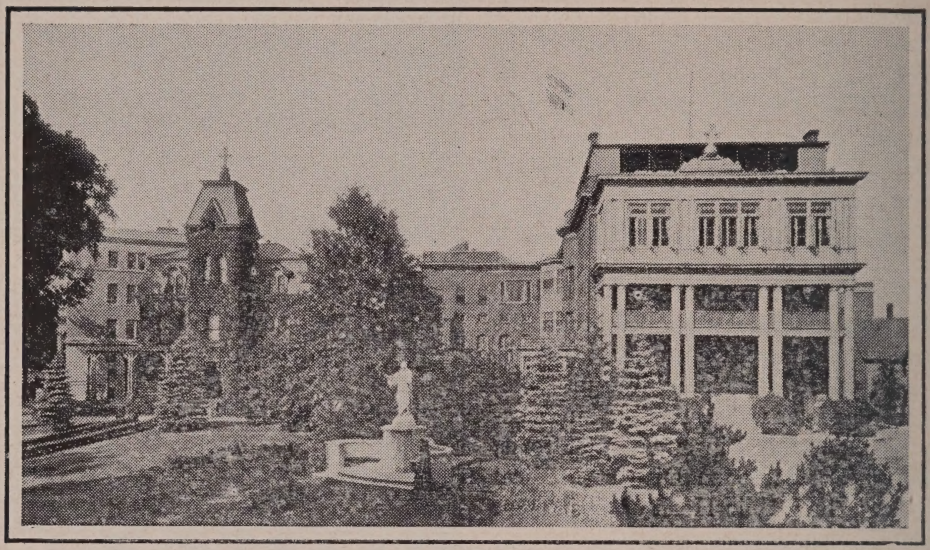

IX — The Mercy Hospital

The Mercy Hospital, originally known as the House of Mercy, admitted its first patient on July 14, 1896. Its first structure was an old brick building at 233 Carew Street, known as the Allis Estate. Right Reverend Thomas D. Beaven, then Bishop of the Diocese of Springfield, purchased the property, had it remodeled for hospital use, and invited the Sisters of Providence of Holyoke to take over. On February 2, 1898 the Hospital was incorporated under the General Laws of Massachusetts, and on the same day its name was changed to The Mercy Hospital.

It was not long afterwards, in fact in October of 1900, that a 150-bed hospital, now known as the "old general" was dedicated. This rapid expansion came about as a result of the many wounded returning from the Spanish-American War, and also because of the rapidly increasing community needs.

In September of 1907 the Mercy Maternity Hospital, a separate building on the grounds, was dedicated, with a capacity of 60 beds and bassinets.

In 1925 the Nurses' Home was constructed. Although a training school for nurses had functioned since 1900, no special structure existed until 1925 when the present Home was built. It provides housing and training facilities for 180 student nurses.

In 1928 a new wing was opened, increasing the hospital capacity to 400.

In 1950 the completion of extensive alterations and enlargement of the building housing the Department of Pathology and the new Outpatient Department was completed.

In 1953 one major operating room was added making a total of five, plus a recovery room, frozen section room, surgeons' record room, nurses' lounge

and facilities for teaching nurse anesthetists.

In 1954 the Diet Kitchen and Food Service was remodeled, and new equipment was installed.

In addition to a modern and complete x-ray Department, and other well equipped facilities, the Mercy Hospital houses also a beautiful chapel which accommodates 150 persons.

Although no plans for immediate additional construction are available, it is more or less understood that a long range program of significant hospital expansion is being seriously considered.

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? 4TH POLIO SHOT ?

Lately there has been much talk about a *fourth* injection of Salk vaccine. Apparently, many practitioners have some doubts as to the lasting effects of the basic three-injections course of Salk vaccine. As late as January of this year, Doctor Salk reported on the persistence of protective antibodies in those experimentally vaccinated almost five years ago. The antibody levels in these children have been maintained "with only a slight tendency to decline" from levels measured a year ago. In other words, the antibody level ensuing from the basic course of three injections is holding up. At the same time, Salk found some children with little to no detectable antibody for types I and III polio virus. This may have resulted from use of vaccine "that may have been of less than optimal potency." Thereupon, Salk administered a fourth dose of vaccine, which "had a marked effect and in the majority of instances raised antibody concentrations to levels that have been described for the effect induced by a third dose when prior inoculations have been with vaccines of good potency." In other words, the first or earlier vaccine may not have been as potent; hence, a fourth injection would compensate for this deficiency. On the other hand, vaccines manufactured more recently give good prolonged antibody levels after a basic course of three properly spaced injections.

There is a growing apprehension in medical circles that there will be an increase in poliomyelitis during the coming season. This feeling stems from the 1958 experience when, for the first time since the widespread use of Salk vaccine, there was an upward turn in polio cases with a recurrence of epidemics and a 44% rise in paralytic polio over the 1957 figure. Granted that in 1957 a total of five thousand four hundred and eighty-five (5,485) cases were reported in the United States with two thousand four hundred and ninety-nine (2,499) paralytic cases, and in 1958 a total of five thousand nine hundred and ninety-five (5,995) cases, with three thousand eighty-three (3,083) paralytic; the disturbing feature in 1958 was that more than one-half of the 1958 paralytic cases occurred in those under five years of age. Also, many adults were involved. The feeling of pessimism about the 1959 season is further accentuated when estimated immunization figures up to the end of 1958 reveal that only 45% of pre-school children are immunized and only 30% in the age group twenty to thirty-nine.

From the aforesaid, major concern for the 1959 polio season should not be whether to give or not give a fourth injection of polio vaccine, but how can more children and adults be influenced to receive the basic course of three injections. The public has not been roused sufficiently to the need for adequate immunization. Most of last year's polio victims were among the fifty million Americans under forty who had not started their series of vaccine injections or who were not fully immunized. Since about one hundred and ten million persons are in this age group, it means that the job is little more than half done. Public apathy must be combatted until universal immunization signals the virtual end of one of mankind's most destructive diseases.

John C. Ayres, M. D.,
Commissioner of Health,
Springfield.

ANNUAL REPORT
OF
BLUE SHIELD DISTRICT PROFESSIONAL SERVICE COMMITTEE
(1958 - 1959)

A summary of the activities of the Blue Shield Committee for the year is as follows:

1. The Committee met to consider unfinished business in the form of six resolutions. The Chairman attended a session with the members of the Central Professional Service Committee in Boston and the resolutions were discussed in detail.

2. The Chairman attended a meeting of District chairmen at the Harvard Club in Boston at which Blue Shield executives outlined their plans for closer cooperation with the members of the Massachusetts Medical Society.

3. A meeting was held at the Oaks Inn in Springfield. In attendance were executives from the Blue Shield offices in Boston and Springfield; members of the Executive Committee of the Hampden District Medical Society and the editor of the Hippocrat; and members of the Blue Shield Committee of Hampden District. Discussion of long-range plans for Blue Shield was the principal topic.

4. A meeting of the Blue Shield Committee was held to discuss certain problems presented by members of the Hampden District Medical Society. These included the question of payment for travel time when a physician works outside the usual orbit of his practice; the question of dual payments to physicians for patients in the Soldiers' Home in Holyoke and Chelsea; the question of additional fees for cases done in the hospital, when in the opinion of the physician, the procedure might well be done in the office.

5. The Committee met to discuss an article which appeared in the January, 1959 issue of the *Massachusetts Physician,* entitled "Double Talk in Blue" and later presented their findings to the Society at the February meeting. At that meeting a resolution was introduced by Dr. Beauchamp, disapproving of the so-called "package plan" for obstetricians in Boston.

6. Correspondence by the Secretary of the Society with Dr. Buck stated that the motion would be brought before the Council in May, and suggested writing directly to Blue Shield for an explanation.

7. A letter was sent to Mr. A. G. Carty of the Massachusetts Medical Service requesting an explanation. When a reply is received, a copy will be sent to the Secretary of the Society.

The Committee on Blue Shield is grateful to President Reilly for his cooperation and for having had the opportunity to serve under him.

M. Gene Black, M. D.
Chairman

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WESTERN HEART SEMINAR

The Western Chapter of the Massachusetts Heart Association presented on March 18 and 19, a Seminar on Recent Advances in Electrocardiography, and Correlation of Research Data on Atherosclerosis. The participants were four eminent physicians from The Michael Reese Hospital, Chicago, headed by Dr. Louis N. Katz, Director, Cardiovascular department, Medical Research Institute, whose research activities are Basic Cardiac Physiology and Pathophysiology. With him were:

Dr. Ruth Pick: Assistant Director, Cardiovascular Department, Medical Research Institute, and Established Investigator, American Heart Association, whose research activities are Experimental Atherosclerosis.

Dr. Alfred Pick: Associate Director, Cardiovascular Department, Medical Research Institute, whose research activities are Clinical Electrocardiography.

Dr. Richard Langendorf: Research Associate, Cardiovascular Department, Medical Research Institute, and Attending Physician, whose research activities are Clinical Electrocardiography, particularly, Mechanisms of Cardiac Arrhythmias.

The Seminar, which was held at the Massachusetts Mutual Life Insurance Co. was attended by about sixty physicians from this area.

Left to right: Drs. Alfred Pick, Howard B. Brown, Louis N. Katz, Richard Langendorf, Ruth Pick, William Coen and Wayne Barnes

"Attendance of at least fifty (50) per cent of the District meetings is mandatory during each of the first two years of membership in the District Society." (Section 9, Chapter V of By-Laws).

ANNUAL REPORT OF COMMITTEE ON INSURANCE, LABOR RELATIONS, AND INDUSTRIAL ACCIDENTS (1958 - 1959)

Your committee has held monthly and, on occasion, bimonthly meetings. It has met with the Health Insurance Council, and has interviewed Labor and Insurance representatives. Two years ago we submitted, with your approval, a request to the Massachusetts Medical Society asking the Industrial Accident Board to modify its fee schedule in conformity with the changed times. We understand that this request was approved by the Society's Council, yet no definite answer has been forthcoming. The wheels of progress apparently turn very slowly. Through the efforts of the Health Insurance Council, insurance forms are being simplified; this will please many.

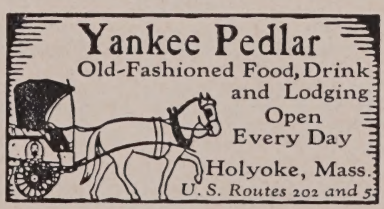
It has come to our attention that, at times, Industrial nurses take on the actual treatment of sickness. Industrial physicians are asked to check on this. Besides the ethics of practice, the medico-legal angle might shadow some trusting colleague's horizon.

The question of a fair fee schedule is still in many minds, especially your committee's. No solution is forthcoming to satisfy Labor and Insurance Companies in their attempt to arrive at fair and satisfactory programs of coverage. Not only can we not furnish definite values relating to their contracts, we are not even in a position to iron out individual cases of excessive fees.

The relative few attending the joint Informational Meeting held last January at the Springfield Municipal Hospital Auditorium listened to various opinions as expressed by the panelists. Some statements and innuendos could have serious consequences in our daily practice. Incidentally, it must be mentioned for general edification that, on at least two occasions, the membership of our District Society was asked to kindly forward their thoughts to your committee so that a wide representation of Society thinking might be passed on to our spokesman. Your committee regrets that not one solitary note or letter or phone call was received.

The committee feels the Society is in the same position it was two years ago. We may have missed or may be missing the golden opportunity of counsel and direction. To our chagrin we may find ourselves being told what our fees will be. We are not pioneers in this field. Some District and State Societies have evolved satisfactory schedules, be it a unit system, a relative value scale or otherwise. Should we awaken, look around and realize the change in medical economics? Your committee thinks so.

Eugene W. Beauchamp, M. D.
Chairman



ANNUAL REPORT
of the
COMMITTEE ON MALPRACTICE AND MEDICO-LEGAL AFFAIRS
(1958 - 1959)

During the past year there has been a moderate demand from various parts of the country for our medico-legal code, which was accepted last year. This code has been sent to many state society secretaries and county society secretaries, as well as to certain members of various bar associations.

The Hampden County Bar Association has printed a thousand medico-legal authorizations forms for the payment of medical fees, and these are available to all lawyers in this County. They are being kept in the Court House so that they are easily available and if any doctors find that they are not being used, they should speak to their attorneys concerning them.

It is a feeling of this Committee that malpractice committees are best maintained at the state level, and it was our recommendation at an earlier meeting that the State Society organize a jurisprudence committee made up of representatives from the various districts, patterned somewhat after the one in New Hampshire which has been quite successful. This committee would review malpractice claims, develop certain preventive programs, and obtain services of attorneys representing one or more of our insurance carriers. We hope this recommendation will be acted upon with despatch by the State Society.

The Hampden Bar Association has accepted the responsibility of developing a medico-legal forum which would be in the form of a mock trial, using professional trial lawyers and perhaps professional medical witnesses, with the whole thing geared to a better understanding of the function of the medical witness. Plans are in progress but the date has not been set. Whether it will be held within the next month or two still remains in doubt. The Bar Association is very anxious for an opportunity to meet with the State Medical Society once a year to pursue problems that are of joint interest.

We, on the Committee, recommend suggestions and criticism that may be forthcoming from the members of both the Bar Association and the Hampden District Medical Society.

Wayne C. Barnes, M. D.
Chairman

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MEDICAL READER

"Operations Missions"

Overseas reports from the U. S. Operations Missions in the field as published in Public Health Reports, (Vol. 73, No. 4), are cogent:

Paraguay: The health center in Concepcion scored a win when the municipality dropped its tax on latrines. The tax equalled the total cost of construction, and so put this facility out of the reach of many families.

Gbarnga, Liberia: Four unlettered midwives graduated from the first class at a festive occasion with distinguished speakers. Three candidates failed to pass, but two of them, undaunted, are enrolled in the next class of 10 pupils. Recruiting goes on in all important clan areas.

Iran: 21 people contracted small pox from pilgrims returning from Kerbella, Iraq, due to several factors. Some travelers were not vaccinated as they left or re-entered Iran. In Kerbella the disease has not effectively been controlled. Quarantine officers did not vaccinate or examine infants who were regarded as "baggage". Sick travelers were carried across the country on busses. Ineffective vaccinations, illegal border crossings, false or uninspected certificates, concealment and lack of isolation may have been due to political upheavals, but there can be no doubt that they underlay the spread of the virus.

Glen W. McDonald, M. D., M. P. H., Chief of the Public Health Division U. S. Operations Missions, adds the good news that affairs of health, now have been improved in the troubled areas. Only 10% of travelers leaving Iran instead of one third of them remain unvaccinated, and all such who reach the border are immunized.

Puzzled diplomats might well take a leaf or two out of the dossiers of public health officers employed in the U. S. Operations Missions, to whom we are more than grateful.

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POLIO MEMORIES

(Reprinted from
The Holyoke Transcript Telegram)

Concerning the subject of poliomyelitis with its threat to life and limb, it might be well to give an idea of the gravity of the situation to those of you who never have experienced the ordeal of a full-blown epidemic such as terrorized Holyoke in 1916 and 1917 toward the end of World War I. One hundred and eighteen cases were recorded with a mortality as high as that in New York City, 24%. But I am glad to say 49% of the children were discharged without any residual paralysis due to prompt and well directed care.

Of course mass hysteria fanned by strident publicity gripped the citizenry. They willingly supported all measures that were taken by the public health officials both local and State in the effort to stop the spread of the disease, and provide for those who were smitten.

Public fear of contagion would not permit local hospitals to accept fresh cases of poliomyelitis, so a battery of ten foot shacks was erected behind the Holyoke Hospital, and trained nurses assigned to care for the children under primitive and crowded conditions.

One of the local physicians took a short course in New York to fit himself as a "specialist" to assist the Board of Health whose chairman devoted his full time to coping with the problem to the neglect of his private practice. Other physicians were assigned to inspecting each day the families in the tenements where polio was found. In this way new cases were discovered promptly, including the abortive cases which did not develop paralysis.

The Board of Health endeavored to establish a tight quarantine to prevent further spread of the disease. This meant the employment of special policing around the clock, both front and rear—food and milk necessarily also were provided. Consequently costs rose to fantastic heights, $68,000 of the $80,000 appropriation was expended when all bills were paid. The silver lining to this dark cloud was the formation of the Holyoke Society for the Care of Crippled Children at the instigation of Dr. William R. MacAuslan, an orthopedic surgeon who came on from Boston to help the local physicians. Under his routine each case was bed-rested with proper support until the pain and fever had gone. The sand bags and wire cages helped to prevent needless paralysis of weakened muscles. The hot baths were both comforting and relaxing. Then a trained physiotherapist took care of the convalescent period. Braces for legs, arms, backs and necks were provided in case of the more severe paralysis. Only after two years of such treatment was operating undertaken to correct such deformaties as remained. Later on some of the worst handicapped children were trained in special fields and have been able to carry on successfully as pharmacists, engravers and shoe repairmen.

This system is still helping handicapped children from Holyoke and vicinity due to the generosity of Newell C. Mansir who provided necessary funds.

Edward P. Bagg, M. D.
Director of Health

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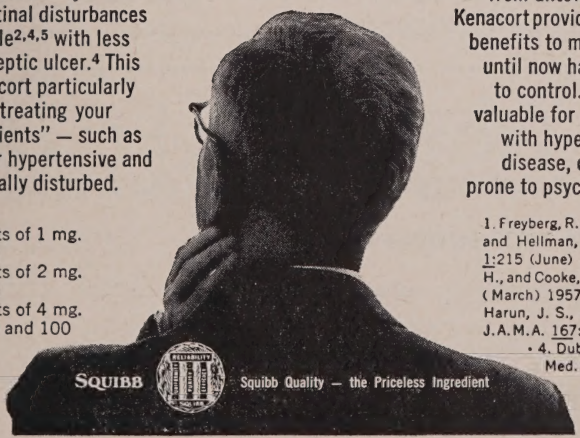

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ANNUAL REPORT of the BOARD OF EDITORS (1958 - 1959)

At the beginning of the fiscal year the Executive Committee strengthened the hand of the Board of Editors by electing Dr. George A. Vassos an Associate Editor, and by advancing Dr. John C. Ayres to the post of Assistant Editor.

1958 - 1959 witnessed the further growth and development of the Hampden Hippocrat. The January issue marked the second anniversary of its appearance as a monthly bulletin. Five of its last ten issues counted thirty-two pages, a new high in the history of the Hippocrat. This has been accomplished without jeopardizing either literary space or quality.

The Medical Societies of Hampshire and Franklin counties rejected the Hippocrat's invitation to participate in its publication and circularization. This was reported in detail before the meeting of December 16, (Hippocrat, January, 1959).

The Board of Editors is striving constantly to improve the quality of the Hippocrat and to enhance its service to the Society. It is profundly grateful to the officers of the Society for their confidence and support; to the Fellows, for the many suggestions and items submitted; to its business manager, for maintaining at all times a favorable treasury balance; and to the Elm Tree Press, for a printing job superbly done.

Max Millman, M. D.
Editor-in-Chief

HALF MARRIED OR ENGAGED

Of today's medical school students, 40 per cent are married and another 9 per cent engaged. Half of those married have children—not uncommonly two or more.

By contrast, a previous survey appearing in the *Journal* had covered a sizeable sampling of men and women physicians graduated in the period between 1925 and 1940. Only 17 per cent of these M.D.s had been married before obtaining degrees, and over 93 per cent indicated that all their children were born or adopted after medical school days.

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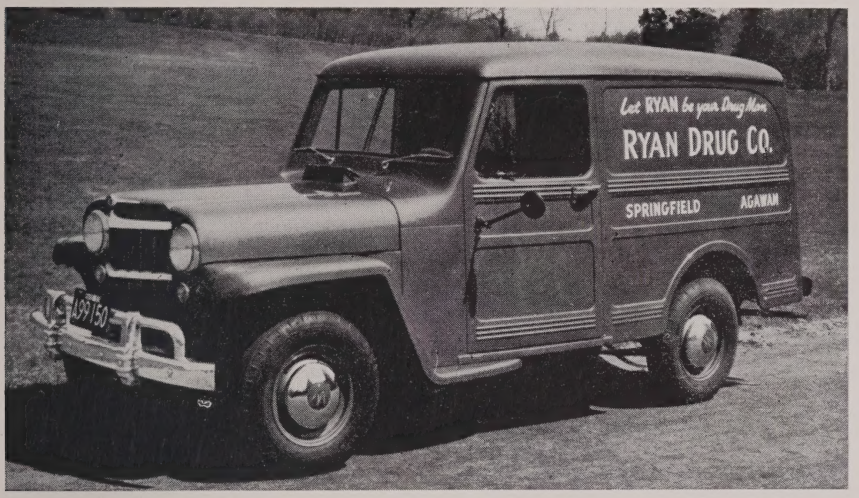

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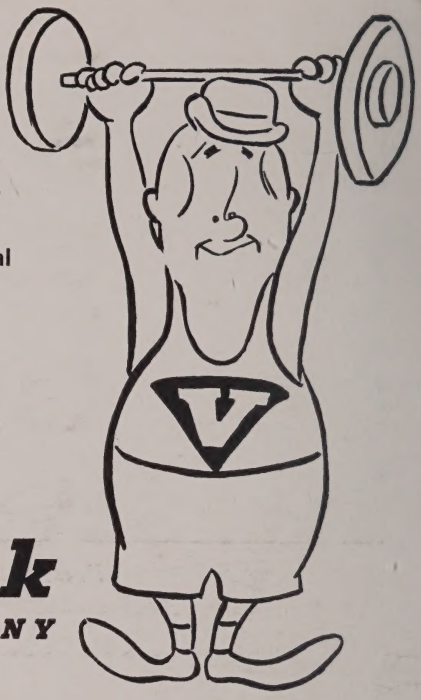

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